

Delaware Health and Social Services
Medical Care Advisory Committee (MCAC)
June 12, 2013 Meeting Minutes

<p>Date: June 12, 2013</p> <p>Place: Easter Seals Kearns Center 61 Corporate Circle New Castle, DE 19720</p> <p>Time: 9:00 a.m. – 11:00 a.m.</p> <p>Presiding: Chairman Richard Cherrin</p>	<p>Members Present: Thomas Barlow, Richard Cherrin, Dr. Leonard Nitkowski, M.D., Dr. Julia Pillsbury, D.O., Olga Ramirez, Lynn Robinson, Lisa Schieffert, Yrene Waldron</p> <p>Members Absent: Kris Bennett, Penny Chelucci, Calvin Freedman, Wendy Gainor, James Lafferty, Brandy Niezgoda, Ann Phillips, Lori Ann Rhoades, Jill Rogers, Dr. Glen Goleburn, DMD</p> <p>Staff Present: Dr. Anthony Brazen, D.O., Cindy Denemark, Rebecca Gallagher, Dave Michalik, Greg Roane, Jose Tieso, Glyne Williams</p> <p>Staff Excused: Fury Fecundo, Steve Groff, Jill Rogers, Kay Wasno, Lisa Zimmerman</p> <p>Guests Present: Dr. Greg McClure, Lauren Kostelnik, Giovanna Uzelac, Dr. Renee Kottenhahn, Kimberly Marsh, David Chen, Sara Martin</p>		
TOPIC FOR DISCUSSION	DISCUSSION / ISSUE	ACTIONS	FOLLOW UP RESPONSIBILITY
<p>Call to Order: <i>Chairman Cherrin</i></p>	<p>Chairman Cherrin greeted everyone and called the meeting to order at 9:07 am.</p>		
<p>Approval of Minutes: <i>Chairman Cherrin</i></p>	<p>Chairman Cherrin called for any additions, alterations or corrections to the March 13, 2013 minutes. Being none, Ms. Ramirez motioned to accept the minutes as amended. Ms. Waldron seconded the motion. Motion carried.</p>		
<p>Old Business: DMMA Director's Update: <i>Dave Michalik</i></p>	<p>Mr. Michalik reported:</p> <ul style="list-style-type: none"> • Director Groff was called into a conflicting meeting with the Governor and Secretary of DHSS therefore was unable to attend today's meeting. • Expressed condolences on behalf of the MCAC to Dr. Nitkowski and Chairman Cherrin for the loss of their wife and sister, respectively. • Enrollment has been fairly stable in the past months; 213,000 individuals enrolled in Medicaid program and approximately 6,600 children are enrolled in the CHIP program. • We are busy working on systems changes that have been underway for some time to be ready for implementation as of October 1st of this year. • DMMA is not running our own state based exchange; instead, we are going to be cooperating and coordinating with the federal government to run a state partnership exchange. We still retain responsibility for consumer assistance and 		

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DMMA Director's Update Cont'd: <i>Dave Michalik</i>	<p>certification of the plans that will participate in the exchanges. In relationship to that, a Request for Proposals put out in March for interested Marketplace Assisters, received 6 responses and is currently being evaluated.</p> <ul style="list-style-type: none"> • A brief question and answer period ensued. 		
DSHP Update: <i>Glyne Williams</i>	<p>Mr. Williams reported:</p> <ul style="list-style-type: none"> • DMMA is resubmitting the 1115 Waiver to CMS June 30, 2013 for renewal. Included in that process were 2 public hearings, one upstate and one downstate; the attendance was interesting. The information shared with the public is on our website. • The month of May was Open Enrollment period for the entire Diamond State Health Plan populations in managed care. As typical, there was very little change in terms of the number of people who moved from one plan to another; there are a total of 182,381 individuals in the plan. Only 915 individuals moved from one plan to the other which represents about 1% of the populace for the past many years. • The PACE (Program of All-inclusive Care for the Elderly) program was approved by CMS to continue operations. St. Francis LIFE is the provider for this program in Delaware. There are currently 20 individuals enrolled in this program; PACE is a three way contract with DMMA, St. Francis and CMS. At the first quarterly meeting with CMS, they were quite happy with the job St. Francis LIFE is doing. We have a goal of 120 enrollees in the next couple of years. • Brief discussion and a question and answer period followed. • We have just received approval from CMS for our overall managed care programs (MCO's) for the Quality Management Strategy. Our quality strategy is a framework that guides us and the MCO's as to how they will deliver care to the individuals at the highest possible quality level. There is a quality document that the MCO's must submit on data to DMMA on a monthly basis. DMMA monitors improvement, etc. and discusses with the MCO's as to how they can accomplish that. • Our MCO's are currently working on an external quality review, which is a yearly requirement from CMS. We must evaluate the work they are doing based on specific information they submit to DMMA such as medical records, systems, etc., which is then turned into a report and submitted to CMS. 		

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<p>New Business:</p> <p>Fluoride Varnish Applications for High Risk Children <i>Dr. Greg McClure, Nemours Lauren Kostelnik, Giovanna Uzeloc, Dr. Renee Kottenhahn, Christiana Care</i></p>	<p>Due to time restraints, an impromptu agenda change was made.</p> <ul style="list-style-type: none"> • Dr. McClure presented a PowerPoint handout presentation to the committee (attachment #1). • Lauren Kostelnik, Gia Uzeloc and Renee Kottenholi from Christiana Care presented a second PowerPoint presentation to the committee (attachment #2). • A lengthy discussion and question and answer period followed the presentations. • At the conclusion of the presentation, Chairman Cherrin called for a motion that the committee drafts a letter of support for this program. Dr. Pillsbury motioned that the committee write a letter of support; Ms. Waldron seconded the motion. Motion carried unanimously. 		
<p>Old Business:</p> <p>Pharmacy Update: <i>Cindy Denemark</i></p>	<p>Ms. Denemark reported:</p> <ul style="list-style-type: none"> • Sure Scripters reports that Delaware is at 90% transactions for e-prescribing; Delaware is the highest user of e-prescribing. It has been 7 years since we applied for the transformation grant. The HP team will be working on a summary of how we arrived at this point. • The ACA gave us the ability to collect rebates from drug encounters. Currently, about 8% of our rebates come from medications administered in an outpatient setting. We have been very successful in getting a high percentage of the encounters to go through the system and collect for rebates. • Over Memorial Day weekend, the ICD10 program was implemented. The ICD10 program is for diagnosis codes. • Our P&T (Pharmacy and Therapeutics) meeting was in May. We reviewed 46 categories (about 50% of the categories that we look at), 30 of those categories stayed the same; 3 new categories were added. Those changes will impact 		

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<p>Pharmacy Update Cont'd: <i>Cindy Denemark</i></p>	<p>clients effective July 1st.</p> <ul style="list-style-type: none"> • The DUR Board met on Monday. We removed the drug claim denial at the pharmacy when the client hit more than 13 prescriptions in a 30 day period. • We are coming around to the one year initiation of the short acting opioids policy (Vicodin, Percocet) limiting Medicaid clients to 720 per year at 2 a day. Clients requiring more than that, should use a long acting agent. We have gotten most of the clients to an appropriate level of care. • We continue to work with the Prescription Drug Advisory Committee (PDAC) regarding opioid products. • We are also working closely with the Prescription Monitoring Program (PMP) which maintains the database of dispensed controlled substance from pharmacies and dispensaries. One-on-one requests have been met with 100% return of the requests Medicaid substances. This allows us to track then DMMA clients are also paying cash for their controlled substance medications. We just received the signed document to access the database for Medicaid clients. • DEA just classified "Soma" as a controlled substance; P&T moved it to the non-preferred drug list. Even though it is an inexpensive drug, it can cause dependency at a rate greater than other muscle relaxants. The DUR board moved it to the non-preferred list and will be putting duration of a maximum of 3 weeks consumption. • As a part of the opioid project, "Suboxone", used to treat heroin and opioid addiction, will be a focus for evaluating appropriate use and access. 		
<p>Policy Update <i>Dave Michalik</i></p>	<p>Mr. Michalik reported:</p> <ul style="list-style-type: none"> • Under the ACA, Medicaid programs are supposed to pay certain primary care providers, family physicians, internists and pediatricians the Medicare Part B equivalent rate for 2013 and 2014. The way programs do that is by identifying physicians who have completed attestation forms that they complete stating certification in those areas. We posted a PDF form and our electronic attestation form has been posted on our DMAP website. Either attestation will be effective for 2013 & 2014. We will be sharing this information with the MCO's so they can also use it to reimburse network providers who qualify for these increased rates. We expect the final system changes to be made shortly; once that is complete, 		

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<p>Policy Update Cont'd: <i>Dave Michalik</i></p> <p>Review of MCAC By-Laws <i>Dr. Julia Pillsbury, Kris Bennett, Lisa Schieffert</i></p> <p>Public Comment</p> <p>Adjournment <i>Chairman Cherrin</i></p>	<p>we will be looking back to January for making adjustments for services that qualify for under this enhanced payment. To date, we have a little over 270 providers who have attested to the increased rate.</p> <ul style="list-style-type: none"> Legislative bills have been introduced to the Legislature. HB #74 creates a single payer health care program; SB #57 proposes to add dental coverage for pregnant women and SB #56 includes dental care for all adults. Chairman Cherrin stated that the committee would hold off on reviewing the by-laws as the sub-committee was waiting on further information from South Carolina. No public comments were offered. Being no further business, Chairman Cherrin adjourned the meeting at 10:57 am. 		
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Rebecca Gallagher
Rebecca Gallagher, Recorder

Date Approved

Richard Cherrin, Chairman